TO IN CITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of infector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH						
	DIVISION O	6028	CERTIFICAT	E OF DEATH	N STREET, BALTIA	MORE 1, MARY	1159
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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22 SUMERAL DIRECTOR'S SIGNATURE DORESS DO 1240, REC'D BY REGISTRAR SIGNATURE WILLIAM S. Frank	23. SUMERAL DIRECTOR'S SIGNATURE MODIFIES	MIN 1 '61 CILLING & FLOUR

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6030 CERTIFICATE OF DEATH Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest town) pe. RURAL and give nearest town) PIS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Month Year DECEASED DEATH (Type or print) 19 6. COLOR OR RACE 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birtheray) Months Days Min. CIT WIDOWED . DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, gyen if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ames IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give war ar dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for_(a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate DUE TO carse (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) 0. m While Not while at work at work p. m. 21. I certify that I ottended the deceased from 19.4.1. that I last saw the deceased and that death occurred A. M. from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type 3 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) (State) page REMOVAL (Specify) 50 h 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH is necessory, please exercector. Page 4 should be cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Roberts Brunswick Rural 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF DATE First Middle Month Last DECEASED Ka (Type or print) tar DEATH ones lay 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 1 8. DATE OF SIRTH 9. AGE (In years last birthdayl 2 with th WIDOWED [DIVORCED T 6 YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stole or foreign country) 2, ond during most of working life, even if retired) Flerida Printer pe MOY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, pages Ida GWYNN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Williams + Thomas Home- Gainesville Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) DUE TO along with Conditions, if ony, which gave rise to immediate couse DUE TO (o), sloting the underlying cause lost. "pending" in iner's Office be used as a PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY (3) or CONTRIBUTING () CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) cute the certificate, writing the word "forworded to the Chief Medical Examily FUNERAL DIRECTOR: Page 3 should to Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, factory, street, office bldg., etc.) 20c. TIME OF INJURY 20f. (City or town) Not while at work of ot work & U.S. Highway 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes . Accident X Suicide . Undetermined cause Homicide ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER X ay NAME (Type) To 22a. BURJAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. IQCATION (Cily, town 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Circling S. Krous DATEY 3 1 '61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Months

e. IS RESIDENCE ON A FARM? YES NO IN

Year

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

25/21

PERFORMED? YES T

DATE SIGNED

(State)

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(State)

Days

(County)

Inquiry

1961

Min.

5M 9/55

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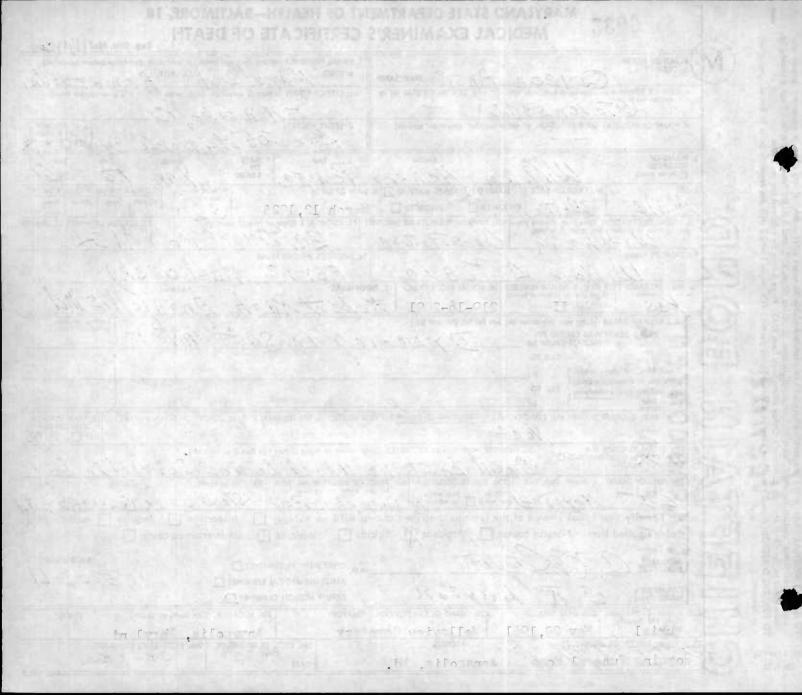
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.			11	C	A	4	0	
Reg.	Dist.	No.	U	V.	U	1	2	ļ

_		No. 1. Division in the second
	PLACE OF DEATH, G. COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE A TO Communication of the communication
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL Roberts	Frogmore
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADORESS o. IS RESIDENCE ON A FARM? YES \(\sqrt{N} \) NO \(\sqrt{N} \)
	NAME OF DECEASED (Type or print) Roxy Smalls	Milter DATE Month Day Year OF DEATH May 27 1961
5.	6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . 8.	
	remale Colored WIDOWED DIVORCED	Aug. 5, 1907 52 yrs. Months Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTIGUTING most of working life, even if retired)	RY 11/ BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Iteme	S.C U.S.A. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Tony Smalls	Rebecca (unknown)
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. no, or unknown) (If yes, give wor or dates of service)	IFORMANT Address
		ames Milteer Beaufort, S.C.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	The stand Death Onset and Death
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUST Ruse 1-70	Ternal Lyungs. Tractare
	6 1 DUE TO	
	Conditions, if anys which) (b) Skull Crus	Led Chesy Track Instant
	gove rise to immediate couse (o), stating the underlying DUE TO	
	cause lost. (c) 10 12-55	
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
7	No	YES NO 🛭
CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY ■ OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Er	nter noture of injury in Part I or Part II of item JB.)
	CAUSE OF DEATH. Head of One C	idlision Auto's
MEDICAL		E OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEC		in way 15301 Roperto auen Runs Md
	21. I certify that I took charge of the remains described above	e, held an Autopsy . Inspection M. Inquiry M. and find that
	death resulted from: Natural causes, Accident 🔀, Suic	ide , Homicide , Undetermined cause .
	0500	
	ACTUAL SIGNATURE Cody Carlier	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S C D	ASSISTANT MEDICAL EXAMINER
	NAME (Type) C. Rodney Layton	DEPUTY MEDICAL EXAMINER \$ May 27, 1961
220	BEMOVAL (Specify) May 28/96/ St Aseks Ba	CREMATORY 22d LOCATION (City, town, or county) & (Stole)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	bowled Bellows Millington	Medi DATE JUN 1 "61 arthur S. Thank
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. 2. USUAL RESIDENCE (Where decgased lived., If Institution: Residence before admission) PLACE OF DEATH a. COUNTY COUNTY b. CITY OR TOWN (If out c. CITY OR TOWN (If Sutside corporate limits, write RURAL and give negrest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE ON A FARM? ES NO NAME OF Middle (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In year IF UNDER TYEAR 8. DATE OF BIRTH Months Days WIDOWED | DIVORCED yrs. (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 219-16-2091 TB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 🗀 NO 20b. DESCRIBE HQW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING should MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) factory, street, affice bldg., etc.) Nat while at wark 21. I certify that I taak charge of the remains described above, held an Autobsy Inspection and find the Accident . Suicide death resulted from: Natural causes ... Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 May 29, 1961 Wellsview Cemetery Annapolis. Mary land 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR. 24b. REGISTRAR'S SIGNATURE S. A15ME(5) arthur & Kraug Hopping Funeral Home Annapolis. Md. DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	b. 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2 2 2		6034 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
4 should	M	1. PLACE OF DEATH o. COUNTY Bus wen Anne Maryland 2. USUAL RESIDENCE (Where defeased lived. If Institution: Residence before admission) o. STATE Naryland b. COUNTY Annaryland
· Poge		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest fown) ond give necrest fown) Annapalate Annapalate Annapalate Annapalate One of the corporate limits, write RURAL ond give necrest fown)
rector les.	X	d. NAME OF HOSPITAL OP/INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS BEST GATE TOOK ON A FARM? YES NO ME
uney you.		3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE Month Day Year OF DEATH MALV 18 1961
to the ined for		5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH MONTHS 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH MONTHS 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH MONTHS MONTHS
and 3		10a. USUAL OCCUPATION (Give kind of work done of the line) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Annapolis Mc
ages 1, 2 se 5 may		13. FATHER'S NAME Mauris M Rant Barbra Machoboty
Sive Page 3. Page		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Robert Rank Address Address of Services 2/6-42-3428 Robert Rank Annapollisi
n 18. orm P.M.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning in Salt water ONSET AND DEATH
in Iter with fo	✓	Conditions, if ony, which (b)
n penci		gove rise to immediate couse (a), stating the underlying couse last. (c) (c)
nding i		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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the word		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, forth, 20f. (City or town) (County) (Stote) Hour Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, forth, 20f. (City or town) (County) (Stote) While Not work of Work of Work 20 Chas back Bay Matabete Queen from Management 10 or work 20 Chas back Bay Matabete Queen from Management 10 or work 20 Chas back Bay Matabete Queen from Management 10 or work 20 Chas back Bay Matabete Queen from Management 10 or work 20 chas back Bay Matabete Queen from Management 10 or work 20 chas back Bay Matabete 20 chas back Bay Ma
writing hief Me		21. I certify that I took charge of the remains described abave, held an Autopsy, Inspection, Inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined cause
hificate, write the Chief		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
cute cert forwarded to	Lemovol.	EXAMINER'S C. R. Layton MD ASSISTANT MEDICAL EXAMINER 5-27-41 DEPUTY MEDICAL EXAMINER D
forw	5	22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial May 29.1961 Wellsview Cemetery Weems Creek, Annapolis, Md.
/S. A15M 5M 9/5		ADDRESS Annapolis, Maryland Annapolis, Maryland Annapolis, Maryland Annapolis, Maryland

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	Charles See Mills	Maria San	
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TO H. KIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly within 24 hours after death cardinates and may be retained by the hospital or attending physician.

* > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. within 24 hours after

01	35	CERTIFICAT	S, 301 W. PRESTON S	STREET, BALTIMORE	1, MARYLAND
write RURAL e	(if outside corporate limits, and give neerest jown)	MARYLAND c. LENGTH OF STAY IN 1b	e. STATE Mary	(Where decesed lived, If Institute b. COUNTY) tside corporate limits, write RUR/	um limi
d. NAME OF	PITAL OR INSTITUTION (if no	ot in hospital, give street oddress)	d. STREET ADDRESS	DATE Month	e. IS RESIDENC ON A FARM YES NO
S. SEX	1.11-1	SELBU S	SINNER 8. DATE OF BIRTH	9. AGE (In yeers I UN lest birthdey)	23 196 / IDER 1 YEAR IF UNDER 24 HR
done during post of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUST Octree & Manager		Cost of State, or foreign country) 12 Way lava ME	2. CITIZEN OF WHAT COUNTS
15. WAS SECEASED	EVER IN U.S. ARMED FORCES		Marie B.	Bailey Mester	Macy Rand
	T DEATH [Enter only one ce ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Preumonia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if e geve rise to imme (e), steting the ceuse lest.	ny, which (b) DUE TO (c)	CAVCINOM A	of hung	DISEASE CONDITION GIVEN IN	3- 4 m an 7
PART II. OTH		Ob. DESCRIBE HOW INJURY OCCURE		Lan Dark III of Dary 10)	YES NO
200. ACCIDENT OR CONTRIBUTIN	WAS UNDERLYING 2 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	OB. DESCRIBE HOW INJURY OCCUR.	D. (Enter neture of injury in Peri	for ren ii or iiem is.;	
20c. TIME OF IN Hour e.m	TY MEDICAL EXAMINER) UJURY Month, Dey, Yeer 1. 19	20d. INJURY OCCURRED 20e. PL While Not While at work et work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stele)
20c. TIME OF IN Hour e.m. p.m 21. I certify saw the dece 22e. SIGNATUR	HURY Month, Dey, Yeer that (I) (this hospital) eased alive on	20d. INJURY OCCURRED 20e. PL While Not While at work et work 1	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) App. 1 19 at death occured at 1	20f. (City or town) to	, 1961., that (I) (we) on the date stated abo
20c. TIME OF IN Hour e.m p.m	UURY Month, Dey, Yeer that (I) (this hospital) eased alive on	20d. INJURY OCCURRED 20e. PL While Not While at work 1 et work 1 attended the deceased from 12.3	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) A pr. ii	to	on the date stated about 57 24/4

MADVIAND STATE DEDARTMENT OF HEALTH

A Marie Marie Come Ouge auran Charles Ralley Mariles State That Contract to the second of the to S. 11111 The state of the s and the state of t The Calman Calman remaining the Busin Hopker Chiefe 23 4 24. 1, simmus of ours of Lavernema 1 Lieup into an F w the state of the s - A to all A mile Controville 1. IN. 12/0 /server the street of the to serve Walter Halong Water bers Bedanch May

VS A15 (4) 15M 9/5B

	TOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar,	detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld b <u>e fi</u> led with	
	campletely i	papers. Pag	70-
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	ding phys	ase remay	12 PA
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
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6036 CERTIFICATE OF DEATH Reg. Dist. No. 06023

a. COUNTY Qu	een Anne	MARYLAND		eryland	eased lived. If institu b. COUNT	rian: Residence before Y Queen		ion)
b. CITY OR TOWN (If au RURAL and give neares Church	tside carporate limits, v	write c. LENGTH OF STAY IN 1b	c. CITY OR T	OWN (If outside co	arporate limits, write	RURAL and give ne	earest tawr	1)
d. NAME OF HOSPITAL (OR INSTITUTION	lf nat in haspital, give	street address)	d STREET A	DDRESS				FARMS NO
3. NAME OF DECEASED (Type or print)	Charles	Edward Edward	Stewar		TE May	30 D		19 ⁶¹
	. 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	0-1902	9. AGE (In years last birthday)	Manths Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (during most of working	Give kind af wark dand life, even if retired)	e 10b. KIND OF BUSINESS OR INDU		CE (State or foreign)	gn country)	12. CITIZEN C	SA	OUNTRY?
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				4
Charle	es Stewar	rt		Ida Gol	dsboroug	gh		
	U. S. ARMED FORCES s, give war or dates of service	4)	nformant lary Ida	Stewar	tChest	dress certown,	Md.	
PART I. DEATH N A 2 0 1 Canditians, if any, gave rise to imme cause (a), stating the lying cause last.	WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which (b)	per line for (a), (b), and (c).] Attended by Bronchitis	Atinh	m y lu	teny De		lerval BE ISET AND	DEATH
CATIC		IONS <u>CONTRIBUTING TO DEATH</u> BUT				IVEN IN PART 1(a)	PERFO	AUTOPSY PRMED?
	NDERLYING 20t CAUSE OF DEATH DICAL EXAMINER)	o. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature al	injury in Part I ar	Part II af item 1B.)			
20c. TIME OF INJURY Have a. m. p. m.	10		ACE OF INJURY (F ctary, street, affice		(City ar tawn)	(Caunty)	(State)
21. I certify that	l attended the de	eceased fram. May 29	, 1961	, to May	30 , 196/	,that I last sa	w the d	leceased
alive an		19, and that death	accurred at_	M, fro	am the causes a	nd on the dat	e stated	dabove
ACTUAL SIGNATURE	uKK	mill .	M.D. Ce	Trent	S (Street, city ar tawr	n, state)	6 2	SIGNED
PHYSICIAN'S NAME (Type)	hN R. S	Smith, Tr. nuo	~		ı			
22a. BURIAL, CREMATION, REMONATION,	June 2	Church Hill		22d. LC Ch	ocation (City, town)	or county)	ylar	-
23. FUNERAL DIRECTOR'S SI		ADDRESS		24a. REC'D BY RE		SISTRAR'S SIGNATU		
Edgar L	. Iane	Church Hill	Md.	DATE JUN 6	'61 0	Lithur S. The	LUG .	

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